

SYMPTOMS

Are the following present?

yes no

- 6 ☐₁ ☐₂ Shortness of breath SOB19
 7 ☐₁ ☐₂ Fatigue FATIG19
 8 ☐₁ ☐₂ Orthopnea ORTHOP19
 9 ☐₁ ☐₂ Paroxysmal nocturnal dyspnea DYP3N19

SIGNS

yes no

- 10 ☐₁ ☐₂ Jugular venous distention (> 10 cm H₂O) VDISTN19
 11 ☐₁ ☐₂ Pulmonary rales RALES19
 12 ☐₁ ☐₂ S3 S319
 13 ☐₁ ☐₂ Edema EDEMA19
 14 ☐₁ ☐₂ Murmur MURMUR19

If YES, check all that apply:

- 15 ☐₁ Mitral regurgitation
 16 ☐₁ Other (specify)

CONGESTIVE HEART FAILURE

- 17 Is CHF:
☐₁ New CHF19
☐₂ Worsened

- 18 What is the NYHA classification?
☐₁ I ☐₂ II ☐₃ III ☐₄ IV NYHA19

New York Heart Association Definitions

- I. No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, or dyspnea.
- II. Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, or dyspnea.
- III. Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, or dyspnea.
- IV. Unable to carry on any physical activity without symptoms. Symptoms are present even at rest. If any physical activity is undertaken, symptoms are increased.

19 Was this patient or is this patient to be hospitalized for this CHF event?

☐₁ yes ☐₂ no HOSP19

20 Were medications listed below changed because of this event?

☐₁ yes ☐₂ no MEDCHG19

Complete the following:

		not on	no change	stop	decrease	start	increase
21 CASTDR19	CAST drug	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
BETABK19	Beta blocker	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
DIG19	Digitalis	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
DIURET19	Diuretic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
NITRAT19	Nitrate	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
INOTRO19	Inotropic agent	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
CABK19	Calcium channel blocker	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
ALOAD19	Afterload reduction agent	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

22 Primary cause of new or worsened CHF (investigator's opinion):

CAUSE19

- ☐₁ CAST drug
- ☐₂ Discontinuation or dose reduction BY PHYSICIAN of drug previously prescribed to treat CHF.
- ☐₃ Discontinuation or dose reduction BY PATIENT (i.e., patient noncompliance of drug previously prescribed to treat CHF.
- ☐₄ Dietary indiscretion.
- ☐₅ Recurrent MI
- ☐₆ Progression of disease without discrete MI
- ☐₇ Arrhythmia (VT)
- If arrhythmia, indicate: _____
- ☐₈ Idiopathic or unknown
- ☐₉ Other, specify: _____
- _____

Name of person filling out form

Code Number

NEWCHF
CAST 19.02
9/2/87
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